

## PART B - FEE(S) TRANSMITTAL

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7590 07/22/2004

Vic Y. Lin  
MYERS DAWES & ANDRAS LLP  
Suite 1150  
19900 MacArthur Boulevard  
Irvine, CA 92612  
10/05/2004 GWORDDF2 00000054 011960 09840566

01 FC:2501 685.00 OP  
02 FC:1504 20.00 DA 280.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09840566	04/23/2001	Raphael C. Wong	BRA4.PAU.05	2988



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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

ERIC HOOVER	(Depositor's name)
	(Signature)
10/11/04	(Date)

### TITLE OF INVENTION: LATERAL FLOW CONTACT TEST APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$130 <i>165</i>	\$300	\$1630 <i>#965</i>	10/22/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ALEXANDER, LYLE	1743	422-056000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MYERS DAWES ANDRAS  
2 SHERMAN LLP;  
3 VIC LIN

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE

BRANAN MEDICAL CORP.

#### (B) RESIDENCE: (CITY and STATE OR COUNTRY)

IRVINE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

#### 4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-1960 (enclose an extra copy of this form).

#### 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

10/11/04

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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